PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Appropriations Act, 2005 (H.R. 4818). Application Number 09/761,005 TRANSMI Filing Date January 16, 2001 For FY 2005 Sung-Won LEE First Named Inventor Scheibel, Robert C. **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2666 TOTAL AMOUNT OF PAYMENT. .(\$)...910.00.... 678-595 (P9710) Attorney Docket No. METHOD OF PAYMENT (check all that apply) X Check Credit Card Money Order None Other (please identify): Deposit Account Name: Dilworth & Barrese, LLP Deposit Account Deposit Account Number: 04-1121 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 200 Plant 100 300 160 80 150 Reissue 300 150 500 250 600 300 Provisional 200 100 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 360 180 Multiple dependent claims **Multiple Dependent Claims Total Claims** Extra Claims Fee (\$) Fee (\$) Fee Paid (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20 Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)

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| SUBMITTED BY | | \mathcal{I} | | // . /// | | |
| Signature | T_0 | and | | Anell | Registration No.33,494 (Attorney/Agent) | Telephone 516 228-8484 |
| Name (Print/Type | | | 7 Fa | rrell | | Date August 5, 2005 |

CERTIFICATION UNDER 37, C.F.R. §1.8(a)

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

I hereby certify that this correspondence and the documents referred to a corposed are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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4. OTHER FEE(S)

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Paul J. Farrell

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